



Templates Part II

Interim Progress Report - Budget Period Three

Workplan - Budget Period Four

Focus Area F: Risk Communication and Health Information Dissemination (Public Information and Communication)

Budget Period Three Progress Report

Using the Interim Progress Report template below, provide a brief status report that describes progress made toward achievement of each of the *critical capacities* and *critical benchmarks* outlined in the continuation guidance issued by CDC in February 2002. Applicants should describe their agency's overall success in achieving each critical capacity. The progress report narratives should not exceed 1 page, single-spaced, for each critical capacity. Applicants are welcome to use bullet-point format in their answers, so long as the information is clearly conveyed in the response.

CRITICAL CAPACITY: To provide needed health/risk information to the public and key partners during a terrorism event by establishing critical baseline information about the current communication needs and barriers within individual communities, and identifying effective channels of communication for reaching the general public and special populations during public health threats and emergencies.

Provide an update on progress during Project Year III toward achieving this critical capacity:

Massachusetts has made significant progress toward achieving this critical capacity during Project Year III. The Risk Communication and Health Information Dissemination Workgroup was established by the CDC/HRSA Bioterrorism Advisory Committee to oversee activities related to Focus Area F of the CDC Bioterrorism Cooperative Agreement. The Workgroup quickly developed a Mission Statement, Action Plan and Timeline, and Workgroup membership was evaluated and expanded to represent the many stakeholders involved in crisis and emergency risk communication and health information dissemination activities.

Significant achievements to date with respect to this critical capacity include: identification of critical stakeholders, at the state and local level, involved in risk communication activities during public health threats and emergencies; identification of current needs and existing barriers for effective risk communication at the state level; informal identification of current needs and existing barriers for effective risk communication at the local level; selection of a vendor to perform a formal statewide needs assessment, including an assessment of current needs and existing barriers for effective risk communication and information dissemination at the local level; completion of an interim, written risk communication plan for the Massachusetts Department of Public Health (MDPH); selection of vendors for risk communication training and for state and model local risk communication plan development, with both of these vendors having begun their work; hiring of risk communication and health education staff, with training of these staff in risk communication principles and strategies underway; review of appropriate risk communication strategies and resources from the private sector, the media, and federal emergency management sources, including the CDC Public Health Preparedness and Response website and other sources; and, successful pilot testing of the Massachusetts Alert Network for risk communication purposes.

In addition, effective communication channels for reaching the general public have been largely identified, and special populations for both risk communication content and risk communication delivery have been identified together with



entities that represent those special populations. Risk communication content development for potential BT agents is well underway.

Critical Benchmark #13: What is the status of your *risk communication plan*? Choose only one of the following:

- ☐ Work on plan has not begun (0% completed)
- ☐ Work on the plan has just started (less than 25% completed)
- ☒ Work on the plan is underway (25-50% completed)
- ☐ Work on the plan is more than half way completed (51-75% completed)
- ☐ Work on the plan is close to completion (greater than 75% completed)
- ☐ The plan is completed (100% completed)
- ☐ The plan is completed and has been adopted



Budget Year Four Workplan

For each Recipient Activity applicants should complete the work plan templates attached below. Applicants are welcome to use bullet-point format in their answers, so long as the information is clearly conveyed in the response. All responses should be brief and concise. **Please note that full use of the CDC templates will meet all of the requirements for submission of a progress report and work plan.** Although no additional information is required, grantees may elect to submit other essential supporting documents via the web portal by uploading them as additional electronic files.

CRITICAL CAPACITY #15: to provide needed health/risk information to the public and key partners during a terrorism event by establishing critical baseline information about the current communication needs and barriers within individual communities, and identifying effective channels of communication for reaching the general public and special populations during public health threats and emergencies.

RECIPIENT ACTIVITIES:

1. Complete a plan for crisis and emergency risk communication (CERC) and information dissemination to educate the media, public, partners and stakeholders regarding risks associated with the real or apparent threat and an effective public response. **(CRITICAL BENCHMARK #23)**

Strategies: What overarching approach(es) will be used to undertake this activity?

A statewide plan for crisis and emergency risk communication (CERC) and information dissemination to educate the media, public, partners and stakeholders regarding risks associated with a real or apparent threat and an effective public response, together with model local CERC plans, will be developed and completed; these CERC plans will be exercised.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Identifying a vendor for CERC plan development has been completed; the tasks to be completed in Budget Year IV include: developing and completing a final CERC plan for the state, with review of the plan by relevant stakeholders; developing model local CERC plans (up to 3); and, identifying and selecting a vendor to assist with exercising these plans.

Timeline: What are the critical milestones and completion dates for each task?

Identification and selection of the vendor for plan development has been completed. The final state CERC plan will be completed by 1 Dec 2003; model local CERC plans will be completed by 1 Feb 2004; selection of the vendor for exercising and drilling the state and model local CERC plans will be completed by 1 Dec 2003 (in coordination with Focus Area A); CERC plans will begin to be exercised by 31 Jan 2004 for the state plan and 1 Mar 2004 for local plans.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Responsible parties for CERC plan development are the MDPH and the selected vendor; for exercising the plans, the responsible parties are the MDPH and the selected vendor.



Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress toward successful completion of this activity will be evaluated by meeting plan development timelines and plan exercise timelines.

2. Use your communication systems to conduct drills, exercises, and training that ensure channels of communication to inform the public, partners, and stakeholders about recommendations during public health emergencies. **(LINK WITH FOCUS AREA A) (CRITICAL BENCHMARK #24)**

Strategies: What overarching approach(es) will be used to undertake this activity?

Training and drills will be conducted, using tabletops and real events, with the assistance of a vendor, to exercise the MDPH CERC plan to ensure that there are adequate channels of communication to inform the public, partners and stakeholders about recommendations during public health emergencies; similar training and drills will be conducted to exercise local CERC plans in different regions of the state; special populations will be included in at least two of the preparedness exercises conducted during this year. A vendor will be identified by a method consistent with the state procurement policies and procedures to coordinate all statewide trainings and drills, including the MDPH CERC described above. (See Focus Area A for specific tasks and timeline).

Tasks: What key tasks will be conducted in carrying out each identified strategy?

The key tasks to be conducted include: identifying and selecting a vendor to assist the MDPH with exercises and drills of the state and model local CERC plans; developing tabletops to exercise the state and local CERC plans, using BT events and other public health emergencies as examples; running drills using these tabletops in different regions of the state; including special populations in at least two of these drills during this grant year; using public health emergencies as opportunities to exercise the state and local CERC plans.

Timeline: What are the critical milestones and completion dates for each task?

The vendor responsible for the coordination of statewide trainings and drills will be identified by 1 Dec 2003. CERC plans will begin to be exercised by 31 Jan 2004 for the state plan and 1 Mar 2004 for local plans.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The responsible parties for completing these tasks are MDPH and the identified vendor coordinating trainings and drills.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress toward successful completion of this activity will be evaluated by meeting task deadlines.

3. (HRSA/CDC Cross-Cutting Activity) Complete a plan for activities that will be implemented to meet the specific needs of special populations that include but not limited to people with



disabilities, minority groups, the non-English speaking, children, and the elderly. Consider all operational and infrastructure issues as well as public information/risk communication strategies. Such activities must be integrated between the public health and the hospital communities.

Strategies: What overarching approach(es) will be used to undertake this activity?

Incorporate the CERC and information content and delivery needs of special populations, including but not limited to people with disabilities, minority groups, the non-English speaking, children and the elderly, into the state and model local CERC plans; enhance utilization of the 911 disability indicator program; utilize the staff of the Refugee and Immigrant Health Program to identify and better communicate with newcomer communities.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

The vendor for CERC plan development has been identified. The key tasks to be conducted in Budget Year IV include: reviewing the CERC and information content and delivery needs of identified special populations with stakeholders that represent these special populations; incorporating these content and delivery needs into the state and model local CERC plans; integrating these content and delivery needs considerations with HRSA risk communication plan development; identifying MDPH programs that provide health care services and public health services to residents in their own language and in culturally effective ways and expanding linkages to include disaster preparedness in their service delivery areas; assessing baseline use of the 911 disability indicator program and coordinating with the Office of Emergency Medical Services and the enhanced 911 system to increase the utilization of this program by individuals within the targeted population group, as well as providing outreach and education about this critical service to the public through community groups such as Senior Corps, Medical Reserve Corps and other volunteers; utilizing the bilingual, bicultural community outreach educators of the Refugee and Immigrant Health Program (RIHP) to serve in bridging roles between public health and newcomer communities; identifying media outlets and other strategies with key leaders in newcomer communities to quickly disseminate information to culturally and linguistically isolated communities; developing translated materials for diverse non-English speaking populations and maintaining a list of statewide translation contractors to provide high quality, accurate, culturally appropriate and clear translations; working with local health departments to increase their understanding of newcomer populations; establishing collaborative relationships with outreach educators and community agencies serving newcomers to establish working relationships and trust; identifying and developing responses for immigrant children, with a particular focus on those children with histories of trauma or post-traumatic stress disorder and risk for re-traumatization.

Timeline: What are the critical milestones and completion dates for each task?

Identification and selection of the vendor for CERC plan development has been completed. The final state CERC plan will be completed by 1 Dec 2003; model local CERC plans will be completed by 1 Feb 2004. Enhancing utilization of the 911 disability indicator program and utilizing staff of the RIHP to identify and better communicate with newcomer communities are ongoing.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The responsible parties for completing these tasks are the MDPH and the vendor.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress toward successful completion of this activity will be evaluated by meeting task deadlines



4. Assess state and local public information needs and identify communication resources needed for the public distribution of supplies through the National Pharmaceutical Stockpile program (12-hour “push packages” as well as the vendor managed inventory). Assessments and plans should consider language barriers, cultural sensitivities, hearing and sight impairment, and the means by which population groups and communities get information. **(LINK WITH FOCUS AREA A, and CROSS CUTTING ACTIVITY POPULATIONS WITH SPECIAL NEEDS, PSYCHOSOCIAL NEEDS, Attachment X)**

Strategies: What overarching approach(es) will be used to undertake this activity?

Incorporate risk communication content and delivery needs related to SNS activation into the state and model local CERC plans, considering such things as language barriers, cultural sensitivities, and hearing and sight impairment.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

The key tasks to be conducted include: identifying risk communication content and delivery needs related to SNS activation; incorporating these identified needs into the state and model local CERC plans.

Timeline: What are the critical milestones and completion dates for each task?

Identification and selection of the vendor for CERC plan development has been completed. The final state CERC plan will be completed by 1 Dec 2003; model local CERC plans will be completed by 1 Feb 2004.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The responsible parties for completing these tasks are the MDPH and the vendor.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress toward successful completion of this activity will be evaluated by meeting task deadlines.

5. Coordinate risk communication planning with key state and local government and non-government emergency response partners (e.g. municipal emergency operation centers and chapters of the American Red Cross).

Strategies: What overarching approach(es) will be used to undertake this activity?

Risk communication planning is coordinated with key state and local government and non-government emergency response partners, including state and local public safety partners (fire, police, HazMat), Emergency Medical Services, the Massachusetts Emergency Management Agency, Local Emergency Planning Committees, the Attorney General’s Anti-Terrorism Task Force, the state’s Homeland Security Office, the FBI, the Massachusetts Chapter of the American Red Cross, and unions representing public safety personnel, through inclusion of representatives of these partners on the Risk Communication and Health Information Dissemination Workgroup of the Statewide CDC/HRSA Bioterrorism Advisory Committee and on other workgroups involved in risk communication planning.

Tasks: What key tasks will be conducted in carrying out each identified strategy?



The key task to be conducted is inclusion of representatives of these partners on the Risk Communication and Health Information Dissemination Workgroup of the Statewide CDC/HRSA Bioterrorism Advisory Committee and on other workgroups involved in risk communication planning.

Timeline: What are the critical milestones and completion dates for each task?

Inclusion of representatives of these partners on the Risk Communication and Health Information Dissemination Workgroup of the Statewide CDC/HRSA Bioterrorism Advisory Committee and on other workgroups involved in risk communication planning has been completed and remains ongoing.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The responsible party for completing this task is the MDPH.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress toward successful completion of this activity will be evaluated by meeting task deadlines.

6. Establish capabilities to provide “hotline” services when needed, including those that provide mental health services. **(LINK WITH CROSS CUTTING ACTIVITY *PSYCHOSOCIAL CONSEQUENCES*, Attachment X)**

Strategies: What overarching approach(es) will be used to undertake this activity?

For public health emergencies that are limited in scope and duration, “hotline” services will be provided by the MDPH in coordination with the Department of Mental Health (MDMH) using a toll-free number, with staffing by the Division of Epidemiology and Immunization and other units, as appropriate. For public health emergencies that are significant in scope and/or duration, “hotline” services will be provided by the Massachusetts Emergency Management Agency (MEMA) using toll-free numbers, with consultation and assistance in staffing by the MDPH Division of Epidemiology and Immunization and staff from other appropriate MDPH Bureaus (e.g., Bureau of Substance Abuse Services) and clinical staff of MDMH, as appropriate.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

The key tasks to be conducted include: establishing a capacity to provide “hotline” services at the MDPH with clinical consultation with MDMH, including sufficient phone lines and a toll-free number; training MDPH staff in the provision of “hotline” services; establishing a relationship with MEMA to provide “hotline” services in the event of a significant public health emergency.

Timeline: What are the critical milestones and completion dates for each task?

Establishing a capacity to provide “hotline” services at the MDPH has been completed, as has establishing a relationship with MEMA to provide “hotline” services. MDPH staff training is ongoing.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The responsible party for maintaining a “hotline” capacity at MEMA is MEMA, and the responsible parties for



maintaining a “hotline” capacity at MDPH and for maintaining the necessary relationship for similar services at MEMA, as well as for training MDPH staff, are MDPH and MDMH.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

This recipient activity has already been completed.

7. Train key state & local public health spokespersons in crisis and emergency risk communication principles and standards.

Strategies: What overarching approach(es) will be used to undertake this activity?

Key state and local public health spokespersons, as well as key state and local public safety and health care spokespersons, will be trained in crisis and emergency risk communication (CERC) principles and standards. Representatives of key stakeholder organizations and MDPH educators will be trained as trainers of CERC principles and standards.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

The vendor for CERC training has been identified. The key tasks to be conducted in Budget Year Four include: scheduling trainings in CERC principles and standards at both basic and advanced levels in each of the 7 designated BT regions in Massachusetts; scheduling train-the-trainer trainings for CERC principles and standards; scheduling regional trainings in CERC principles and standards by MDPH educators; identifying key spokespersons to be trained.

Timeline: What are the critical milestones and completion dates for each task?

Identification and selection of the vendor for CERC training has been completed. Identification of key spokespersons for risk communication training is ongoing. Seven basic and 7 advanced CERC trainings will be completed by the selected vendor by 1 Mar 2004. A train-the-trainer CERC training will be completed by the selected vendor by 31 Dec 2003. MDPH educators will begin providing regional CERC trainings by 1 Mar 2004.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The responsible party for completing basic and advanced CERC trainings for key spokespersons and for completing train-the-trainer trainings is the selected vendor; the responsible party for completing subsequent regional CERC trainings is MDPH; the responsible parties for identifying key spokespersons for trainings are MDPH and the Risk Communication and Health Information Dissemination Workgroup of the Statewide CDC/HRSA Bioterrorism Advisory Committee.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress toward successful completion of this activity will be evaluated by meeting task deadlines.

8. (Smallpox) Enumerate participants in a public information system, including call-down lists of



public health and clinical contacts that can be activated to address communications and information dissemination issues regarding smallpox. (See Appendix 4, IT Function #7) (**LINK WITH FOCUS AREA E**)

Strategies: What overarching approach(es) will be used to undertake this activity?

Participants in a public information system, including call-down lists of public health and clinical contacts that can be activated to address communications and information dissemination issues regarding smallpox, will be identified and enumerated as a functional response group in the Massachusetts Alert Network.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

The key tasks to be conducted include: identifying appropriate public health and clinical contacts for providing information and communications regarding smallpox issues; enumerating these participants, using call-down lists, as a functional response group in the Massachusetts Alert Network.

Timeline: What are the critical milestones and completion dates for each task?

Identification of key participants will be completed by 1 Dec 2003; creation of the Alert Network functional response group for smallpox risk communication and information dissemination will be completed by 1 Feb 2004.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The responsible party for completing these tasks is the MDPH.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress toward successful completion of this activity will be evaluated by meeting task deadlines.

9. (Smallpox) Develop communications materials for dissemination regarding smallpox training and education for local stakeholders, such as community members, school representatives, physician, local emergency service responders, and the general public.

Strategies: What overarching approach(es) will be used to undertake this activity?

Communications materials regarding smallpox training and education for local stakeholders, including health care providers, local public health officials, local public safety officials and the general public, will be developed and disseminated as part of a comprehensive smallpox preparedness plan.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

The key tasks to be conducted include: acquiring or developing communications materials regarding smallpox training and education for each of the identified target audiences; appropriately disseminating the communications materials, using educational sessions, direct mailings, the MDPH website, etc.; integrating these activities with the state's comprehensive smallpox preparedness efforts; hiring a vendor to assist with these training and education activities.

Timeline: What are the critical milestones and completion dates for each task?

Communications materials regarding smallpox training and education will be completed by 31 Dec 2003; dissemination of these materials will begin by 1 Jan 2004; a vendor will be identified and selected by 1 Nov 2003.



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Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The parties responsible for completing these tasks are the MDPH and the selected vendor.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress toward successful completion of this activity will be evaluated by meeting task deadlines.

10. For border states, consider joining a public information and crisis communication working group, led by CDC, the Mexico Department of Health and Health Canada to exchange critical response plans and best practices. **(LINK WITH CROSS CUTTING ACTIVITY BORDER STATES, Attachment X)**

Strategies: What overarching approach(es) will be used to undertake this activity?

Not applicable to Massachusetts

Tasks: What key tasks will be conducted in carrying out each identified strategy?

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Timeline: What are the critical milestones and completion dates for each task?

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Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

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Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

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11. Establish mechanisms to translate emergency messages into priority languages spoken within the jurisdiction. **(LINK WITH CROSS CUTTING ACTIVITY POPULATIONS WITH SPECIAL NEEDS, Attachment X).**

Strategies: What overarching approach(es) will be used to undertake this activity?

Mechanisms to translate CERC messages into priority languages spoken in Massachusetts will be established, using MDPH and state resources when possible and using appropriate vendors as necessary

Tasks: What key tasks will be conducted in carrying out each identified strategy?

The key tasks to be conducted include: identifying translation resources within MDPH and within Massachusetts state agencies; identifying and establishing contracts with appropriate vendors to provide translation services.

Timeline: What are the critical milestones and completion dates for each task?

These tasks have been completed.



Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The party responsible for these tasks is the MDPH

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress toward successful completion of this activity will be evaluated by assessing the timely production of translated CERC messages.

12. (Smallpox) Test responsiveness of participants within the public information system, including call-down lists of public health and clinical contacts that can be activated to address communications and information dissemination issues regarding smallpox. **(LINK WITH FOCUS AREA E)**

Strategies: What overarching approach(es) will be used to undertake this activity?

The responsiveness of participants in the public information system, including call-down lists of public health and clinical contacts that can be activated, to address communications and information dissemination issues regarding smallpox will be tested using the Massachusetts Alert Network.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

The key tasks to be conducted include: establishing the Alert Network functional response group for smallpox risk communication and information dissemination as indicated in Activity 8; using the Alert Network to periodically activate this functional response group as a drill to test responsiveness of participants.

Timeline: What are the critical milestones and completion dates for each task?

Creation of the Alert Network functional response group for smallpox risk communication and information dissemination will be completed by 1 Feb 2004; drills to test responsiveness of the participants in the response group will begin by 1 Mar 2004.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The party responsible for these tasks is the MDPH.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress toward successful completion of this activity will be evaluated by meeting task deadlines.

13. Complete the CDC Emergency Risk Communication train-the-trainer program.

Strategies: What overarching approach(es) will be used to undertake this activity?

Appropriate MDPH staff will be sent to complete the CDC Emergency Risk Communication train-the-trainer program.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

The key task to be conducted is sending appropriate MDPH staff to complete the CDC Emergency Risk Communication train-the-trainer program.

Timeline: What are the critical milestones and completion dates for each task?

Appropriate MDPH staff will be sent to complete the CDC Emergency Risk Communication train-the-trainer program once the program is held (pending CDC's announcement).

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The parties responsible for completing this task are the CDC and MDPH.



Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress toward successful completion of this activity will be evaluated by meeting task deadlines.

ENHANCED CAPACITY #11: To identify, develop and improve crisis and emergency-risk communication planning with respect to the needs of special populations, cultural and psychological aspects of crisis communication, and communication barriers to effective public health response during public health emergencies including terrorism, infectious disease outbreak and other public health emergencies.

RECIPIENT ACTIVITIES:

1. Develop and conduct a testing program for emergency communication plans to ensure channels of communication exist and resources are available to provide effective public information and risk communication during public health emergencies. **(LINK WITH FOCUS AREA A)**

Strategies: What overarching approach(es) will be used to undertake this activity?

Training and drills will be conducted, using tabletops and real events, with the assistance of a vendor, to exercise the MDPH CERC plan to ensure that there are adequate channels of communication to inform the public, partners and stakeholders about recommendations during public health emergencies; similar training and drills will be conducted to exercise local CERC plans in different regions of the state; special populations will be included in at least two of the preparedness exercises conducted during this year. A vendor will be identified by a method consistent with the state procurement policies and procedures to coordinate all statewide trainings and drills, including the MDPH CERC described above. (See Focus Area A for specific tasks and timeline).

Tasks: What key tasks will be conducted in carrying out each identified strategy?

The key tasks to be conducted include: identifying and selecting a vendor to assist the MDPH with exercises and drills of the state and model local CERC plans; developing tabletops to test the state and local CERC plans, using BT events and other public health emergencies as examples; running drills using these tabletops in different regions of the state; including special populations in at least two of the drills conducted during this grant year; using public health emergencies as opportunities to test the state and local CERC plans.

Timeline: What are the critical milestones and completion dates for each task?

The vendor responsible for the coordination of statewide trainings and drills will be identified by 1 Dec 2003. CERC plans will begin to be exercised by 31 Jan 2004 for the state plan and 1 Mar 2004 for local plans.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The responsible parties for completing these tasks are MDPH and the identified vendor coordinating trainings and drills.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress toward successful completion of this activity will be evaluated by meeting task deadlines.

2. With local public health agencies, enhance relationships with mental health planners and providers by providing education, attending and participating at conferences, providing joint



sponsorship of meetings and developing and evaluating activities necessary to report the degree to which persons who have not been exposed to a potential terrorist or emerging infectious agent seek acute care at health care facilities.

Strategies: What overarching approach(es) will be used to undertake this activity?

The capacity to perform such tracking and obtain such reporting will be developed by implementing a functional real-time communication system with health care facilities that provide acute care throughout the state (e.g., Massachusetts Alert Network, broadcast fax). On a specific event and/or agent basis, the utilization of acute care facilities by non-exposed persons (i.e., by the “worried well”) for treatment related to the event and/or agent will be tracked by either or both of: 1) monitoring the number of persons seeking care at facilities in the identified catchment area of the event/exposure area who indicate they are seeking care because of the event and/or agent and who do not report an appropriate exposure; or 2) monitoring the proportionate increase at facilities in the identified catchment area of the event/exposure area in visits for specified conditions (related to the event and/or agent) relative to the baseline for each facility among persons not identified as having been exposed to the event/agent.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

For tracking and reporting capacity development: 1) implement the Massachusetts Alert Network statewide, with broadcast fax as a back-up; 2) encourage health care facilities to monitor acute care visits by relevant categories to establish baselines. For implementation of tracking and reporting if an emerging infectious agent of concern is identified or a potential terrorist event occurs: 1) identify facilities in the catchment area of the event or in the exposure area for the agent; 2) contact these facilities using the Alert Network and/or broadcast fax to inform them of the agent/event, provide relevant information for diagnosis and treatment, and provide a survey tool for tracking “worried well” in addition to tracking exposed individuals.

Timeline: What are the critical milestones and completion dates for each task?

For implementation of the Massachusetts Alert Network, see Focus Area E. For task 2 related to tracking and reporting capacity development, the request to health care facilities encouraging them to establish baselines for various categories of acute care visits will be sent to all such facilities in Massachusetts by 1 Oct 2003. The tasks related to implementation of tracking and reporting for specific events/agents will be carried out within hours to days of the decision to implement such tracking/reporting, as appropriate.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The responsible party for completing these tasks is the MDPH.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

For task 1 under tracking capacity development, see Focus Area E. Progress toward successful completion of this activity will be evaluated by meeting task deadlines.

3. Partner with CDC, other states and/or Public Health Centers for Excellence located in schools of public health, and Centers for Public Health Preparedness to identify research gaps and conduct research on risk communication issues related to special populations, cultural and psychological aspects of crisis communication, and communication barriers to effective public response during public health emergencies including terrorism, infectious disease outbreaks and other public health emergencies.

Strategies: What overarching approach(es) will be used to undertake this activity?

The MDPH will partner with CDC, other states and/or Public Health Centers for Excellence and Centers for Public Health Preparedness to identify research gaps and conduct research on risk communication issues related to special populations, cultural and psychological aspects of crisis communication, and communication barriers to effective public health response during public health emergencies.



Tasks: What key tasks will be conducted in carrying out each identified strategy?

The key tasks to be conducted include: establishing partnerships with CDC, other states and/or Public Health Centers for Excellence and Centers for Public Health Preparedness to identify research gaps and conduct research related to the strategies noted above.

Timeline: What are the critical milestones and completion dates for each task?

The MDPH will begin the process to establish these partnerships by 1 Jan 2004.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The responsible parties for completing these tasks are the MDPH and its respective research partners.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress toward successful completion of this activity will be evaluated by meeting task deadlines.

4. With local public health agencies, establish a web-based clearinghouse of resources and activities related to crisis and emergency risk communication and link to CDC's clearinghouse.
(LINK WITH FOCUS AREA E)

Strategies: What overarching approach(es) will be used to undertake this activity?

The MDPH will coordinate with local public health agencies to establish a web-based clearinghouse of resources and activities related to crisis and emergency risk communication and will link this clearinghouse to CDC's clearinghouse.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

The key tasks to be conducted include: establishing a web-based clearinghouse of resources and activities related to crisis and emergency risk communication, in coordination with local public health agencies and with the Risk Communication and Health Information Dissemination Workgroup of the Statewide CDC/HRSA Bioterrorism Advisory Committee; linking this Massachusetts CERC clearinghouse with the CDC's CERC clearinghouse.

Timeline: What are the critical milestones and completion dates for each task?

The Massachusetts web-based CERC clearinghouse will be established by 1Mar 2004 and will be linked to the CDC's clearinghouse by 1 May 2004.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The responsible parties for completing these tasks are the MDPH and the Risk Communication and Health Information Dissemination Workgroup for establishing the Massachusetts web-based CERC clearinghouse, and the MDPH and CDC for linking the Massachusetts clearinghouse to the CDC's clearinghouse.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress toward successful completion of this activity will be evaluated by meeting task deadlines.

5. With local public health agencies and other stakeholders, establish the capacity to conduct public outreach campaigns, which may include town-hall meetings and presentations to civic organizations, schools, businesses, faith-based institutions and special ethnic and cultural groups.

Strategies: What overarching approach(es) will be used to undertake this activity?

The MDPH will coordinate with local public health agencies and other stakeholders to establish the capacity to conduct public outreach campaigns, which may include public meetings and presentations to civic organizations, schools, businesses, faith-based institutions and ethnic and cultural groups.



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Tasks: What key tasks will be conducted in carrying out each identified strategy?

The key task to be conducted is establishing the capacity to conduct public outreach campaigns in coordination with local public health agencies and other stakeholders.
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Timeline: What are the critical milestones and completion dates for each task?

This task has been completed.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The responsible party for completing this task is the MDPH.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress toward successful completion of this activity will be evaluated by monitoring the conduct of coordinated public outreach campaigns by MDPH and its partners.

6. With local public health agencies, ensure consistent message content and establish mechanisms to track and monitor message dissemination and media coverage, audience reaction, and changing communication issues and priorities at the state or local level.

Strategies: What overarching approach(es) will be used to undertake this activity?

The state and model local CERC plans will be coordinated to ensure consistent message content; in addition, these CERC plans will include mechanisms to monitor message dissemination and media coverage, audience reaction, and changing communication issues and priorities at both the state and local level.
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Tasks: What key tasks will be conducted in carrying out each identified strategy?

The key tasks to be conducted include: coordinating the state and model local CERC plans to ensure consistent message content; incorporating mechanisms into the state and model local CERC plans to monitor message dissemination and media coverage, audience reaction, and changing communication issues and priorities.

Timeline: What are the critical milestones and completion dates for each task?

Identification and selection of the vendor for plan development has been completed. The final state CERC plan will be completed by 1 Dec 2003; model local CERC plans will be completed by 1 Feb 2004.
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Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The responsible parties for completing these tasks are the MDPH and the selected vendor.
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Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress toward successful completion of this activity will be evaluated by meeting task deadlines.

7. Establish plans and working relationships to ensure that consistent and accurate information is disseminated, especially among adjacent state and local health jurisdictions.

Strategies: What overarching approach(es) will be used to undertake this activity?

The state and model local CERC plans will be coordinated to ensure consistent message content; in addition, these CERC plans will include mechanisms to coordinate CERC messages with adjacent state and local health jurisdictions.
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Tasks: What key tasks will be conducted in carrying out each identified strategy?

The key tasks to be conducted include: coordinating the state and model local CERC plans to ensure consistent message content; incorporating mechanisms into the state and model local CERC plans to coordinate CERC messages



with adjacent state and local health jurisdictions.

Timeline: What are the critical milestones and completion dates for each task?

Identification and selection of the vendor for plan development has been completed. The final state CERC plan will be completed by 1 Dec 2003; model local CERC plans will be completed by 1Feb 2004.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The responsible parties for completing these tasks are the MDPH and the selected vendor.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

The responsible parties for completing these tasks are the MDPH and the selected vendor.

8. Ensure that the competencies and credentialing requirements for communication specialists in public information, public affairs and health education related to crisis and emergency risk communication are reviewed annually and that requirements for continuing education are met. Attention should be paid to the recruitment, training and the proper career development of these personnel. **(LINK WITH FOCUS AREA G)**

Strategies: What overarching approach(es) will be used to undertake this activity?

The MDPH will ensure, through annual performance reviews, that the competencies and credentialing requirements for communication specialists in public information, public affairs and health education related to crisis and emergency risk communication are reviewed annually and that requirements for continuing education are met.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

The key task to be conducted is to include in the annual employee performance reviews (EPRS forms) for communication specialists in public information, public affairs and health education criteria to assess that competencies and credentialing requirements related to crisis and emergency risk communication are met and maintained and that requirements for continuing education are met.

Timeline: What are the critical milestones and completion dates for each task?

These competency, credentialing and continuing education criteria will be incorporated into the annual EPRS forms for appropriate MDPH staff by 1 Jul 2004.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The responsible party for completing this task is the MDPH.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress toward successful completion of this activity will be evaluated by meeting task deadlines.

9. As part of the health departments mobilization capabilities, consider the purchase of PDA hardware and software packages that allow off-site office capabilities such as the following **(LINK WITH FOCUS AREA E)**:
 - a. A portable JIC with names and contacts
 - b. Full list of contacts for key responders
 - c. A complete list of health professionals in the state sortable by geography, area of expertise, etc.



- d. Images of rashes or other pictures that may be used as visual aids.
- e. Array of other software possibilities available to meet specific needs (e.g. such as the ability to produce and print word documents from the PDA)

Strategies: What overarching approach(es) will be used to undertake this activity?

As part of the MDPH's mobilization capabilities, it will consider the purchase of PDA hardware and software packages that allow off-site office capabilities such as: a portable JIC with names and contacts; a full list of contacts for key responders; a complete list of health professionals in the state sortable by geography, area of expertise, etc.; images of rashes and other pictures that may be used as visual aids; and other office software, as needed.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

The key task to be conducted is exploring the cost and feasibility of purchasing PDA hardware and software packages that allow off-site office capabilities in order to enhance the MDPH's mobilization capabilities.

Timeline: What are the critical milestones and completion dates for each task?

Exploring the cost and feasibility of purchasing PDA hardware and software packages that allow off-site office capabilities will be completed by 1 Jan 2004.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

The responsible party for completing this task is the MDPH.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Progress toward successful completion of this activity will be evaluated by meeting task deadlines.